

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	TheoremDx Inc.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	FKA OvaGene Oncology, Inc.	
3. Debtor's federal Employer Identification Number (EIN)	27-2860108	
4. Debtor's address	Principal place of business 1431 Summit Avenue Saint Paul, MN 55105 Number, Street, City, State & ZIP Code Ramsey County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	https://theorem dx.org	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **TheoremDx Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

1380

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

☒ Chapter 7

☐ Chapter 9

☐ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No.

☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **TheoremDx Inc.** Case number (if known) _____
Name

11. **Why is the case filed in this district?** *Check all that apply:*

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? *(Check all that apply.)*

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____
 Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. **Debtor's estimation of available funds** *Check one:*

☒ Funds will be available for distribution to unsecured creditors.

☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input checked="" type="checkbox"/> 200-999		

15. **Estimated Assets**

<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. **Estimated liabilities**

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **TheoremDx Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 13, 2020**
MM / DD / YYYY

X /s/ John E. Coonan

Signature of authorized representative of debtor

John E. Coonan

Printed name

Title **President & Director**

18. Signature of attorney

X /s/ Thomas J. Flynn

Signature of attorney for debtor

Date **February 13, 2020**

MM / DD / YYYY

Thomas J. Flynn 30570

Printed name

Larkin Hoffman Daly & Lindgren Ltd.

Firm name

8300 Norman Center Dr.

Suite 1000

Minneapolis, MN 55437-1060

Number, Street, City, State & ZIP Code

Contact phone **9528353800**

Email address **tflynn@larkinhoffman.com**

30570 MN

Bar number and State

Fill in this information to identify the case:

Debtor name TheoremDx Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 13, 2020

X /s/ John E. Coonan

Signature of individual signing on behalf of debtor

John E. Coonan

Printed name

President & Director

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **TheoremDx Inc.**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **1,000.00**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **1,000.00**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **616,164.45**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **357,715.45**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **15,126,816.45**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **16,100,696.35**

Fill in this information to identify the case:

Debtor name TheoremDx Inc.United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 206A/B
Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Wells FargoChecking6016\$1,000.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,000.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Debtor **TheoremDx Inc.**
Name

Case number (If known)

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor TheoremDx Inc. Case number (If known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$1,000.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,000.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,000.00

Fill in this information to identify the case:

Debtor name TheoremDx Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	MAL Investment Co. <small>Creditor's Name</small> Attn: Dr. Michael Chao 10300 W Charleston Blvd #13389 Las Vegas, NV 89135 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All Debtor's assets Describe the lien UCC1 Financing Statement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$600,000.00	\$0.00

2.2	The Health Law Firm, P.A. <small>Creditor's Name</small> Attn: Geoerg F. Indest III 1101 Douglas Avenue Altamonte Springs, FL 32714 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 11/15/2018 Last 4 digits of account number Do multiple creditors have an interest in the same property?	Describe debtor's property that is subject to a lien Any property owned in Minnesota Describe the lien Attorney's Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$16,164.45	\$0.00
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Debtor **TheoremDx Inc.** Case number (if know)

Name

☒ No

☐ Contingent

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☒ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$616,164.45**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name TheoremDx Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>IRS Centralized Insolvency Op PO Box 7346 Philadelphia, PA 19101-7436</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Grant Repayment</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$300,000.00	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Minnesota Dept of Revenue 600 North Robert Street Saint Paul, MN 55101</p> <p>Date or dates debt was incurred _____</p> <p>Tax period July-Sept. 2019</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Withholding Tax</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$1,590.45	\$0.00

Debtor	TheoremDx Inc. Name	Case number (if known)
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2.3	Priority creditor's name and mailing address MN Dept Employment & Econ Devt 332 Minnesota Street Saint Paul, MN 55101-1351	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	Unknown	Unknown
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Date or dates debt was incurred Last 4 digits of account number 1824 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Unemployment Insurance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.4	Priority creditor's name and mailing address US Treasury 24000 Avila Road Laguna Niguel, CA 92677-3405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$56,125.00	\$0.00
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Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address AAA Movers 8201 Brooklyn Boulevard #100 Minneapolis, MN 55445 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt (paid off) Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
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3.2	Nonpriority creditor's name and mailing address Aadvantage Credit Card P.O. Box 84030 Columbus, GA 31908-4030 Date(s) debt was incurred _____ Last 4 digits of account number 9263	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,100.84	
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3.3	Nonpriority creditor's name and mailing address Abbey, James 6707 Wateman Avenue St. Louis, MO 63103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,999.97	
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.4	Nonpriority creditor's name and mailing address ACG Consulting 27758 Santa Margarita Pkwy Suite 312 Mission Viejo, CA 92691 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
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3.5	Nonpriority creditor's name and mailing address ADP, LLC ADP Tax Center 400 West Covina Boulevard San Dimas, CA 91773 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.6	Nonpriority creditor's name and mailing address Alan Talesnick 5030 Bowmar Drive Littleton, CO 80123 Date(s) debt was incurred <u>9/4/2012</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.7	Nonpriority creditor's name and mailing address Albert Bonebrake for First Trust Co of Onaga 3939 East Farm Road Springfield, MO 65809 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.8	Nonpriority creditor's name and mailing address Albert Bonebrake IRA 3939 East Farm Road Springfield, MO 65809 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.9	Nonpriority creditor's name and mailing address Alessandra Re for Alessandra Re Trust 4601 Fairfield Drive Corona Del Mar, CA 92625 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.10	Nonpriority creditor's name and mailing address Alexander Kopplin 227 Colfax Avenue North Suite 200 Minneapolis, MN 55405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.11	Nonpriority creditor's name and mailing address American Express PO Box 0001 Los Angeles, CA 90096-8000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,222.39
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3.12	Nonpriority creditor's name and mailing address Americor Financial 18200 Von Karman Avenue Suite 600 Irvine, CA 92612 Date(s) debt was incurred _____ Last 4 digits of account number <u>SCVR,5930</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Consolidated Credit Cards</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,611.49
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3.13	Nonpriority creditor's name and mailing address Andrew Sullivan 519 7th Ave SE Minneapolis, MN 55414 Date(s) debt was incurred <u>12/29/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.14	Nonpriority creditor's name and mailing address Angela Bacher 14800 64th Place N Maple Grove, MN 55311-4117 Date(s) debt was incurred <u>10/24/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.15	Nonpriority creditor's name and mailing address Anita Hidding 7161 France Ave So #312 Edina, MN 55435 Date(s) debt was incurred <u>11/6/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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3.16	Nonpriority creditor's name and mailing address Anne Gall 14931 Dufferin Court Savage, MN 55378 Date(s) debt was incurred <u>12/20/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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3.17	Nonpriority creditor's name and mailing address Anne O'Rourke 6801 Dovre Dr. Edina, MN 55436 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.18	Nonpriority creditor's name and mailing address Anne Snyder 4119 62nd Street West Edina, MN 55424 Date(s) debt was incurred <u>7/3/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.19	Nonpriority creditor's name and mailing address Annie C. McCarty 4907 Bruce Avenue Edina, MN 55424 Date(s) debt was incurred <u>5/14/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.20	Nonpriority creditor's name and mailing address Ansel Sitton 1931 E 20th Street Suite 103 Joplin, MN 65708 Date(s) debt was incurred <u>10/5/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.21	Nonpriority creditor's name and mailing address Astro Studios 348 6th Street, San Francisco, CA 94103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,494.29
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3.22	Nonpriority creditor's name and mailing address ATCC 5779 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,021.29
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3.23	Nonpriority creditor's name and mailing address Bank of America P.O. Box 851001 Dallas, TX 75285-1001 Date(s) debt was incurred _____ Last 4 digits of account number <u>4399</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,101.25
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3.24	Nonpriority creditor's name and mailing address Bank of America P.O. Box 15019 Wilmington, DE 19850-5019 Date(s) debt was incurred _____ Last 4 digits of account number <u>5930</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,284.00
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.25	Nonpriority creditor's name and mailing address Barbara Novy 2905 43rd Avenue South Minneapolis, MN 55406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.26	Nonpriority creditor's name and mailing address Bernard Ebner Baecherstrasse 59 8806 Baech, Switzerland Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250,000.00
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3.27	Nonpriority creditor's name and mailing address Beverly Moosmann 544 Vista Frande Newport Beach, CA 92660 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.28	Nonpriority creditor's name and mailing address Bio-Rad Laboratories, Inc. P.O. Box 849740 Los Angeles, CA 90084-9740 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,703.86
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3.29	Nonpriority creditor's name and mailing address Blue Cross Blue Shield P.O. Box 860448 Minneapolis, MN 55486 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,391.82
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3.30	Nonpriority creditor's name and mailing address Boulay PLLP 7500 Flying Cloud Drive Suite 800 Eden Prairie, MN 55344 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,962.00
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3.31	Nonpriority creditor's name and mailing address Brandon Chabner 329 Second Place Manhattan Beach, CA 90266 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.32	Nonpriority creditor's name and mailing address Brian Boldt 1635 Concordia St. Wayzata, MN 55391 Date(s) debt was incurred <u>9/1/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.33	Nonpriority creditor's name and mailing address Brian Mark d/b/a BSM Equities, Inc. 4780 Lodge Lane Excelsior, MN 55331 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340,000.00
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3.34	Nonpriority creditor's name and mailing address Bruce & Elizabeth Ackerman 68 East Pleasant Lake Road North Oaks, MN 55127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125,000.00
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3.35	Nonpriority creditor's name and mailing address Bruce Batten 400 Selby Avenue Apt. 208 Saint Paul, MN 55102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,249.76
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3.36	Nonpriority creditor's name and mailing address Bryce Huemoeller d/b/a Lake Vista Holdings 2880 Center Road SW Prior Lake, MN 55372 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.37	Nonpriority creditor's name and mailing address BSI Group America 5505 North Cumberland Ave Suite 307 Chicago, IL 60656 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,900.00
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3.38	Nonpriority creditor's name and mailing address Carl Robert Dahl 3215 Iris Court Wheat Ridge, CO 80033 Date(s) debt was incurred <u>10.15.12</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.39	Nonpriority creditor's name and mailing address Caroline Neale 2201 Stevens Street, Apt 202 Albert Lea, MN 56007 Date(s) debt was incurred <u>10/14/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.40	Nonpriority creditor's name and mailing address CBCS P.O. Box 2589 Columbus, OH 43216 Date(s) debt was incurred _____ Last 4 digits of account number <u>6871</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.41	Nonpriority creditor's name and mailing address CenterPoint Energy PO Box 4671 Houston, TX 77210-4671 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$309.22
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3.42	Nonpriority creditor's name and mailing address Chad Tidlund OBO Donald M. Tidlund Trust 6700 Campesina Drive Buena Park, CA 90620 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.43	Nonpriority creditor's name and mailing address CHASE BANK USA NA P.O. Box 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>7239</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,668.57
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3.44	Nonpriority creditor's name and mailing address CHASE BANK USA NA P.O. Box 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>9746</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,205.32
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3.45	Nonpriority creditor's name and mailing address CHASE BANK USA NA P.O. Box 15298 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number <u>8569</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,688.00
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Debtor	TheoremDx Inc.		Case number (if known)
	Name		
3.46	Nonpriority creditor's name and mailing address CHASE BANK USA NA P.O. Box 15298 Wilmington, DE 19850 Date(s) debt was incurred ____ Last 4 digits of account number <u>8695</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,574.00
3.47	Nonpriority creditor's name and mailing address Christopher Nachtsheim 1789 Summit Avenue Saint Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.48	Nonpriority creditor's name and mailing address Christopher Raih 4010 West 65th Street Edina, MN 55435 Date(s) debt was incurred <u>10/9/2015</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
3.49	Nonpriority creditor's name and mailing address Citi/Costco P.O. Box 790046 Saint Louis, MO 63179-0046 Date(s) debt was incurred ____ Last 4 digits of account number <u>5214</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,716.89
3.50	Nonpriority creditor's name and mailing address Citibank P.O.Box 9001037 Louisville, KY 40290-1037 Date(s) debt was incurred ____ Last 4 digits of account number <u>6139</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,846.92
3.51	Nonpriority creditor's name and mailing address Citibank P.O.Box 9001037 Louisville, KY 40290-1037 Date(s) debt was incurred ____ Last 4 digits of account number <u>2659</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,033.00
3.52	Nonpriority creditor's name and mailing address Comcast Business PO Box 35170 Seattle, WA 98124-5170 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$716.92

Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.53	Nonpriority creditor's name and mailing address Comerica Bank Cardmember Service P.O. Box 790408 Saint Louis, MO 63179-0408 Date(s) debt was incurred _____ Last 4 digits of account number <u>560</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,806.84
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3.54	Nonpriority creditor's name and mailing address Conor T Marrinan 3332 West 56th Street Edina, MN 55410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,500.00
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3.55	Nonpriority creditor's name and mailing address Conrad Ludwig for Aquinnah Investment LP 590 Admiralty Parade West Naples, FL 34102 Date(s) debt was incurred <u>11/9/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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3.56	Nonpriority creditor's name and mailing address Cox Business PO Box 53280 Phoenix, AZ 85072-3280 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$758.80
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3.57	Nonpriority creditor's name and mailing address Cox Communications PO Box 53280 Phoenix, AZ 85072-3280 Date(s) debt was incurred _____ Last 4 digits of account number <u>4901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.88
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3.58	Nonpriority creditor's name and mailing address Cox Communications PO Box 53280 Phoenix, AZ 85072-3280 Date(s) debt was incurred _____ Last 4 digits of account number <u>3002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,732.32
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3.59	Nonpriority creditor's name and mailing address CRF Solutions 2051 Royal Avenue Simi Valley, CA 93065 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,808.43
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.60	Nonpriority creditor's name and mailing address Daniel & Allison Kozloff 252 Ravenscliff Road St. Davids, PA 19087 Date(s) debt was incurred <u>4/19/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.61	Nonpriority creditor's name and mailing address Daniel P. McCarty 4907 Bruce Avenue Edina, MN 55424 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650,000.00
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3.62	Nonpriority creditor's name and mailing address Danielle K Pfeffer 5974 South Park Drive Savage, MN 55378 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
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3.63	Nonpriority creditor's name and mailing address Dareen Youngman & Blake Berteau WhiteCross LP 1100 Newport Center Drive #110 Newport Beach, CA 92660 Date(s) debt was incurred <u>5/23/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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3.64	Nonpriority creditor's name and mailing address Darrell Reynolds 3713 37th Avenue Moline, IL 61265 Date(s) debt was incurred <u>12/18/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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3.65	Nonpriority creditor's name and mailing address Darren Pfeffer 13941 Utah Avenue Savage, MN 55378 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.66	Nonpriority creditor's name and mailing address Darren & Mandi Pfeffer 13941 Utah Avenue Savage, MN 55378 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.67	Nonpriority creditor's name and mailing address Darrick Grewe 4420 Adell Avenue North Golden Valley, MN 55422 Date(s) debt was incurred <u>5/25/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.68	Nonpriority creditor's name and mailing address Dave & Terry Theis d/b/a Emerald T. Holdings 31009 - 645th Ave Gibbon, MN 55335 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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3.69	Nonpriority creditor's name and mailing address David Katz 401 Pinnacle Way, Unit 207 Eau Claire, WI 54701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.70	Nonpriority creditor's name and mailing address David M. Raih TC Orthopedics, 4010 W 65th St Edina, MN 55435 Date(s) debt was incurred <u>10/9/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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3.71	Nonpriority creditor's name and mailing address David M. Vlasaty OBO Mainstar Trust 342 Valley Commons Hudson, WI 54016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
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3.72	Nonpriority creditor's name and mailing address David M. Vlasaty 342 Valley Commons Hudson, WI 54016 Date(s) debt was incurred <u>5/31/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.73	Nonpriority creditor's name and mailing address Dean Edstrom 2050 Canadian Pacific Plaza 120 South Sixth Street Minneapolis, MN 55402-1840 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.74	Nonpriority creditor's name and mailing address Derek C Pfeffer 4295 Cottonwood Lane N Plymouth, MN 55441 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.75	Nonpriority creditor's name and mailing address Dick & Tracy Hausman 2500 Michelson Drive, Ste. 200 Irvine, CA 92612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.76	Nonpriority creditor's name and mailing address Dick Hausman (M. Hausman Inc.) 2500 Michelson Drive, Ste. 200 Irvine, CA 92612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
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3.77	Nonpriority creditor's name and mailing address Discover Bank General Correspondence P.O. Box 30416 Salt Lake City, UT 84130 Date(s) debt was incurred _____ Last 4 digits of account number <u>8296</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,292.08
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3.78	Nonpriority creditor's name and mailing address Donald M. Schreifels 1644 Travelers Rest Court The Vilaage, FL 32162 Date(s) debt was incurred <u>9/7/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175,000.00
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3.79	Nonpriority creditor's name and mailing address Donald M. Tidlund OBO Donald M. Tidlund Trust 1014 Conventry Place Edina, MN 55435 Date(s) debt was incurred <u>11/2/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
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3.80	Nonpriority creditor's name and mailing address Douglas Novy 2905 43rd Avenue South Minneapolis, MN 55406 Date(s) debt was incurred <u>5/24/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.81	Nonpriority creditor's name and mailing address Douglas Stone 15104 Whitetail Way Gaithersburg, MD 20878 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.82	Nonpriority creditor's name and mailing address Dr. Diamond 6907 Waterman Avenue St. Ouis, MO 63130 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.83	Nonpriority creditor's name and mailing address Dr. Michael Chao MAL Investment Company 2030 Main, Suite 1050 Irvine, CA 92614 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.84	Nonpriority creditor's name and mailing address Dustin J Pfeffer 5974 South Park Drive Savage, MN 55378 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.85	Nonpriority creditor's name and mailing address Edward Ludwig Aquinnah Investment LP 590 Admiralty Parade West Naples, FL 34102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700,000.00
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3.86	Nonpriority creditor's name and mailing address Elizabeth Hardin Horowitz 55 Central Park West, Unit 13D New York City, NY 10023 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$55,000.00
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3.87	Nonpriority creditor's name and mailing address Eric Johnson 7035 E. Russell Street Mesa, AZ 85207 Date(s) debt was incurred <u>12/21/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.88	Nonpriority creditor's name and mailing address Fish & Richardson 60 S. 6th Street Minneapolis, MN 55402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,165.68
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3.89	Nonpriority creditor's name and mailing address Fisher Scientific Life Technologies 12088 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,673.68
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3.90	Nonpriority creditor's name and mailing address Frank & Donna Brown 10173 East Horizon Drive Scottsdale, AZ 85262 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.91	Nonpriority creditor's name and mailing address Frank Brown 10173 East Horizon Drive Scottsdale, AZ 85262 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132,500.00
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3.92	Nonpriority creditor's name and mailing address Frank Chandler III 3700 Government Street Alexandria, LA 71302 Date(s) debt was incurred <u>11.06.15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.93	Nonpriority creditor's name and mailing address Frank K. Chandler, Jr. 3700 Government Street Alexandria, LA 71302 Date(s) debt was incurred <u>10.29.15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.94	Nonpriority creditor's name and mailing address Frank Kiesner 6908 Wooddale Avenue South Edina, MN 55435 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$565,600.50
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.95	Nonpriority creditor's name and mailing address Gary & Angela Bacher 14800 64th Place N Maple Grove, MN 55311-4117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
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3.96	Nonpriority creditor's name and mailing address Goff, Debra 5605 Lake Shore Avenue Westerville, OH 43082 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,500.00</u>
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3.97	Nonpriority creditor's name and mailing address Greg Margarit 1185 Tonkawa Road Long Lake, MN 55356 Date(s) debt was incurred <u>06.29.17</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
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3.98	Nonpriority creditor's name and mailing address Greg Stai 1801 Broadway, Ste 800 Denver, CO 80202 Date(s) debt was incurred <u>7/7/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
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3.99	Nonpriority creditor's name and mailing address Gregory & Julie Margarit 1185 Tonkawa Road Long Lake, MN 55356 Date(s) debt was incurred <u>9/13/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,000.00</u>
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3.100	Nonpriority creditor's name and mailing address H Lee Moffitt Cancer Center 12902 Magnolia Drive Tampa, FL 33612 Date(s) debt was incurred <u>4/1/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$29,126.21</u>
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3.101	Nonpriority creditor's name and mailing address Harry Engelbrecht 1012 Coventry Place Edina, MN 55435 Date(s) debt was incurred <u>7/19/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.102	Nonpriority creditor's name and mailing address Harry Venezia, Jr. 14020 Egret Ln. Clearwater, FL 33762 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,494.51
3.103	Nonpriority creditor's name and mailing address HaynesBoone 1050 17th Street, Suite 1800 Denver, CO 80265 Date(s) debt was incurred _____ Last 4 digits of account number <u>3174</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$402,979.34
3.104	Nonpriority creditor's name and mailing address Hong & Monica Kyung Hea Yang 655 Mystic Way Laguna Beach, CA 92651 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105	Nonpriority creditor's name and mailing address Hong Mo Yang 655 Mystic Way Laguna Beach, CA 92651 Date(s) debt was incurred <u>4/10/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,000.00
3.106	Nonpriority creditor's name and mailing address Honorato & Linda Remucal 1075 West Shore Drive Hutchinson, MN 55350 Date(s) debt was incurred <u>12/22/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.107	Nonpriority creditor's name and mailing address Hooper, Lundy & Bookman P.C. 1875 Century Park East Suite 1600 Los Angeles, CA 90067-2517 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,683.00
3.108	Nonpriority creditor's name and mailing address Horizon Discovery 23 Market Street Cambridge CB2 3PA U.K. Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,125.00

Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.109	Nonpriority creditor's name and mailing address Houston Methodist Hospital 6565 Fannin Street, MS D200 Houston, TX 77030 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56,657.32
3.110	Nonpriority creditor's name and mailing address Innovative Research 46430 Peary Ct. Novi, MI 48377 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$430.00
3.111	Nonpriority creditor's name and mailing address Intrinsix 100 Campus Drive Marlborough, MA 01752 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,263.57
3.112	Nonpriority creditor's name and mailing address ISC International, LTD 9700 West Bluemound Road Suite 201 Milwaukee, WI 53266 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.58
3.113	Nonpriority creditor's name and mailing address J-Pac Medical 25 Centre Road Somersworth, NH 03878 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,112.17
3.114	Nonpriority creditor's name and mailing address J. & D. Wittrock & Cinkle 19556 Hampshire Court Prior Lak, MN 55372 Date(s) debt was incurred <u>9/5/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.115	Nonpriority creditor's name and mailing address Jackson ImmunoResearch P.O. Box 2389 Jackson, WY 83001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$440.75

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3.116	Nonpriority creditor's name and mailing address James Fingerman 7137 Valley View Road Edina, MN 55349 Date(s) debt was incurred <u>9/19/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.117	Nonpriority creditor's name and mailing address James & Anita Hidding 7161 France Avenue South #312 Minneapolis, MN 55435 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.118	Nonpriority creditor's name and mailing address James & Anita Hidding 7161 France Ave So #312 Edina, MN 55435 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90,000.00
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3.119	Nonpriority creditor's name and mailing address James & Janet Curry for Janet B. Revocable Trust 4541 E. 24th Street Casper, WY 82609 Date(s) debt was incurred <u>12/13/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.120	Nonpriority creditor's name and mailing address James & Jeanette Hutcheson 522 South Oaks Drive Springfield, MO 65809 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121	Nonpriority creditor's name and mailing address James Ehlen, M.D. 4221 Woodland Terrace Minneapolis, MN 55422 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122	Nonpriority creditor's name and mailing address James Ferguson 1165 Post Oak Court Springfield, MO 65809 Date(s) debt was incurred <u>5/16/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.123	Nonpriority creditor's name and mailing address James Ferguson 911 St. Andrews Circle Springfield, MO 65809 Date(s) debt was incurred <u>4/18/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.124	Nonpriority creditor's name and mailing address James Fingerman 7137 Valley View Road Edina, MN 55349 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.125	Nonpriority creditor's name and mailing address James George Wayne d/b/a Cassandra Capital 7200 Hazeltine Blvd. Excelsior, MN 55331 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137,500.00
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3.126	Nonpriority creditor's name and mailing address James W Curry OBO James W. Revocable Trust 4541 E. 24th Street Casper, WY 82609 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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3.127	Nonpriority creditor's name and mailing address James Wise 2747 Wagner Drive Chaska, MN 55318 Date(s) debt was incurred <u>2/20/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,250.00
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3.128	Nonpriority creditor's name and mailing address Janet B Curry for Janet B. Revocable Trust 4541 E. 24th Street Casper, WY 82609 Date(s) debt was incurred <u>10.22.14</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.129	Nonpriority creditor's name and mailing address Jay Coonan Family Rev. Trust 1431 Summit Avenue St. Paul, MN 55105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,620,009.05
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.130	Nonpriority creditor's name and mailing address Jeanne & Steven Wittrock 19556 Hampshire Court Prior Lak, MN 55372 Date(s) debt was incurred <u>4/15/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.131	Nonpriority creditor's name and mailing address Jeffrey Blank d/b/a Dalmore Investments 1582 Medina Road Long Lake, MN 55356 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address Jeffrey Blank OBO Treehouse Health 1629 Hennepin Ave, Suite 200 Minneapolis, MN 55403 Date(s) debt was incurred <u>12/4/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address Jeffrey Blank (BCBS) 1629 Hennepin Ave, Suite 200 Minneapolis, MN 55403 Date(s) debt was incurred <u>4/21/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address Jeffrey Blank (Loring Corners) 1624 Harmon Place Minneapolis, MN 55403 Date(s) debt was incurred <u>12/4/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address Jim Ehlen OBO Ehlen Family Irrev. Trust 4221 Woodland Terrace Golden Valley, MN 55422 Date(s) debt was incurred <u>2/26/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address Jim Ehlen 4221 Woodland Terrace Golden Valley, MN 55422 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$40,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	TheoremDx Inc. Name	Case number (if known)
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3.137	Nonpriority creditor's name and mailing address Jodi Johnson Tidlund OBO Donald M. Tidlund Trust 6802 Sandridge Road Eden Prairie, MN 55346 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.138	Nonpriority creditor's name and mailing address Joel Salcedo for Raymond James Assoc. 6841 E. Avenida De Santiago Anaheim Hills, CA 92807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139	Nonpriority creditor's name and mailing address John Burstein 15 Sedgwick Drive Cherry Hills Village, CO 80113 Date(s) debt was incurred <u>4/15/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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3.140	Nonpriority creditor's name and mailing address John Daley 14010 Northwood Place NW Seattle, WA 98177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,500.00
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3.141	Nonpriority creditor's name and mailing address John E. "Jay" Coonan 1431 Summit Avenue Saint Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans to Company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,424.54
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3.142	Nonpriority creditor's name and mailing address John E. "Jay" Coonan 1431 Summit Avenue Saint Paul, MN 55105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Expenses Paid for Company</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$93,000.00
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3.143	Nonpriority creditor's name and mailing address John F. Edwards, Jr. 8633 Edwards Road Geneseo, IL 61254 Date(s) debt was incurred <u>1/4/2016</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.144	Nonpriority creditor's name and mailing address John Ferguson for JJJ LLC 1165 Post Oak Court Springfield, MO 65809 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.145	Nonpriority creditor's name and mailing address John Ferguson 1165 Post Oak Court Springfield, MO 65809 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
<hr/>			
3.146	Nonpriority creditor's name and mailing address John Lalonde 3736 Kindred Court Lake Elmo, MN 55042 Date(s) debt was incurred <u>10/4/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
<hr/>			
3.147	Nonpriority creditor's name and mailing address John Raih TC Orthopedics, 4010 W 65th St Edina, MN 55435 Date(s) debt was incurred <u>10/9/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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3.148	Nonpriority creditor's name and mailing address John Rauch OBO Lillian Rauch Rev. Trust 1450 West Lake Brantley Road Longwood, FL 32779 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
<hr/>			
3.149	Nonpriority creditor's name and mailing address John Rose 3221 45th St NW Buffalo, MN 55313 Date(s) debt was incurred <u>1/27/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
<hr/>			
3.150	Nonpriority creditor's name and mailing address John Vogel 85 Bay Drive Annapolis, MN 21403 Date(s) debt was incurred <u>8/16/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00

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3.151	Nonpriority creditor's name and mailing address Jon Cassidy 10310 Tamarack Drive Vienna, VA 22182-1846 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.152	Nonpriority creditor's name and mailing address Jose Salcedo, Jr. IRA 6841 E. Avenida De Santiago Anaheim, CA 92807 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153	Nonpriority creditor's name and mailing address Joseph & Rebecca Pitzl 11600 42nd Court North Plymouth, MN 55441 Date(s) debt was incurred <u>2/24/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,500.00
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3.154	Nonpriority creditor's name and mailing address Joseph Becker 1418 21st Avenue NE Rochester, MN 55906 Date(s) debt was incurred <u>12/5/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.155	Nonpriority creditor's name and mailing address Joseph Cade 1291 Riverside Lane Mendota Heights, MN 55118 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,500.00
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3.156	Nonpriority creditor's name and mailing address Joseph Leverone 4800 Markay Ridge Minneapolis, MN 55422 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
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3.157	Nonpriority creditor's name and mailing address Joshua Ward 227 Colfax Avenue North Suite 200 Minneapolis, MN 55405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.158	Nonpriority creditor's name and mailing address Judith Mayer for RBC Capital Markets LLC 18642 Via Torino Irvine, CA 92603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.159	Nonpriority creditor's name and mailing address Kapoor-Munshi, PhD, Archana 12515-130 Oaks North Drive San Diego, CA 92128 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,302.90
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3.160	Nonpriority creditor's name and mailing address Kashlan, Basel 1 Vacaville Irvine, CA 92602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,000.00
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3.161	Nonpriority creditor's name and mailing address Kashlan, Basel - Expenses 1 Vacaville Irvine, CA 92602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,448.00
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3.162	Nonpriority creditor's name and mailing address Keith Yonkers for 41 North Advisors 251 Shipyard Way Newport Beach, CA 92663 Date(s) debt was incurred <u>2/20/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,500.00
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3.163	Nonpriority creditor's name and mailing address Kenneth & Eileen Beane for Brantly Limited 1396 Deer Lake Circle Apopka, FL 32712-2939 Date(s) debt was incurred <u>3/29/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.164	Nonpriority creditor's name and mailing address Kevin Pfeffer 5974 South Park Drive Savage, MN 55378 Date(s) debt was incurred <u>01.26.15</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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Debtor	TheoremDx Inc. <small>Name</small>	Case number (if known) _____
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3.165	Nonpriority creditor's name and mailing address Kevin & Jean Lindstrand 409 Creekview Lane Arlington, MN 55307 Date(s) debt was incurred <u>10/26/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.166	Nonpriority creditor's name and mailing address Kevin & Lisa Pfeffer 5974 South Park Drive Savage, MN 55378 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125,000.00
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3.167	Nonpriority creditor's name and mailing address Kim Beaudette 401 Kings Place Newport Beach, CA 92663 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168	Nonpriority creditor's name and mailing address Kirk Tidlund OBO Donald M. Tidlund Trust 825 Bennet St Southern Pines, NC 28387 Date(s) debt was incurred <u>8/12/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.169	Nonpriority creditor's name and mailing address Kluge Design Inc. 14150 Northdale Blvd Rogers, MN 55374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,401.40
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3.170	Nonpriority creditor's name and mailing address Lalonde, John 3736 Kindred Court Lake Elmo, MN 55042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,175.41
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3.171	Nonpriority creditor's name and mailing address Larry & LeAnn Christenson 8818 Zenith Road Bloomington, MN 55431 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.172	Nonpriority creditor's name and mailing address Laurence Le Jeune 630 Locust Hills Drive Wayzata, MN 55391-1973 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$300,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.173	Nonpriority creditor's name and mailing address Laurie Knutson 18118 Judicial Way North Lakeville, MN 55044 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.174	Nonpriority creditor's name and mailing address Lawrence Opseth 6736 Washburn Avenue Richfield, MN 55423 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.175	Nonpriority creditor's name and mailing address Lawrence Zynda 5359 La Jolla Blvd, Unit 24 La Jolla, CA 92037-7955 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176	Nonpriority creditor's name and mailing address Leica Microsystems 14008 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$271.41 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.177	Nonpriority creditor's name and mailing address Liane (Lee) McCullough P.O. Box 451340 Westlake, OH 44145 Date(s) debt was incurred <u>10/31/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.178	Nonpriority creditor's name and mailing address Liane McCullough (ROTH IRA) P.O. Box 451340 Westlake, OH 44145 Date(s) debt was incurred <u>1/13/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.179	Nonpriority creditor's name and mailing address Life Technologies (Thermo Fisher) 12088 Collections Center Dr. Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$34,495.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.180	Nonpriority creditor's name and mailing address Lisa Pfeffer 5974 South Park Drive Savage, MN 55378 Date(s) debt was incurred <u>1/26/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.181	Nonpriority creditor's name and mailing address Lisa Alton 1635 Concordia Street Wayzata, MN 55391 Date(s) debt was incurred <u>8/19/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.182	Nonpriority creditor's name and mailing address Lisa Piazza (Musich) 7722 Madelyn Creek Drive Victoria, MN 55384 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.183	Nonpriority creditor's name and mailing address Lori (Baird) Rosman 4868 S 79 Street Greenfield, WI 53220 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$75,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.184	Nonpriority creditor's name and mailing address Lucia Hui C/o NM Max 10 Pasteur, Suite 150 Irvine, CA 92618 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.185	Nonpriority creditor's name and mailing address Margaret Marrinan 2146 Sargent Avenue St. Paul, MN 55105 Date(s) debt was incurred <u>8/1/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,250.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.186	Nonpriority creditor's name and mailing address Marianne Kanning 1446 County Road 14 Shakopee, MN 55379 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.187	Nonpriority creditor's name and mailing address Mark & Katharine Pearson 10959 E. Graythorn Dr. Scottsdale, AZ 85262 Date(s) debt was incurred <u>9/26/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
3.188	Nonpriority creditor's name and mailing address Mark DeNucci 6301 Summit Circle Chanhausen, MN 55317 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
3.189	Nonpriority creditor's name and mailing address Mark Gregg 2902 Hunting Hills Court Oakton, VA 22124 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
3.190	Nonpriority creditor's name and mailing address Mark Greiner OBO Carla Greiner Trust 200 South 6th Street, Ste. 400 Minneapolis, MN 55402 Date(s) debt was incurred <u>3/5/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.191	Nonpriority creditor's name and mailing address Mark Greiner 4603 Edina Blvd Edina, MN 55424 Date(s) debt was incurred <u>3/8/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.192	Nonpriority creditor's name and mailing address Mark Nierderluecke 10156 Gristmill Rdg Eden Prairie, MN 55347 Date(s) debt was incurred <u>8/24/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00

Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.193	Nonpriority creditor's name and mailing address Mark Pearson 10959 E. Graythorn Dr. Scottsdale, AZ 85262 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
3.194	Nonpriority creditor's name and mailing address Mark Walinske 4217 - 44th Avenue South Minneapolis, MN 55424 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.195	Nonpriority creditor's name and mailing address Marta Fernandez Suarez 3065 Ash Avenue Boulder, CO 80305 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,537.50
3.196	Nonpriority creditor's name and mailing address Martin's Janitorial PO Box 3986 Orange, CA 92857 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.197	Nonpriority creditor's name and mailing address Mary Absolon for the late William Herber 4321 W. 42nd Street Edina, MN 55416 Date(s) debt was incurred <u>2/22/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.198	Nonpriority creditor's name and mailing address Mary B Taylor 16205 18th Avenue North Plymouth, MN 55447 Date(s) debt was incurred <u>6/13/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
3.199	Nonpriority creditor's name and mailing address Matthew Draves 865 Gulf Land Drive Apopka, FL 32712 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.200	Nonpriority creditor's name and mailing address Matthew McCarty 4907 Bruce Avenue Edina, MN 55424 Date(s) debt was incurred <u>5/14/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.201	Nonpriority creditor's name and mailing address Maureen Lannan 5119 Wooddale Glen Edina, MN 55424 Date(s) debt was incurred <u>5/1/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.202	Nonpriority creditor's name and mailing address MedPro Waste Disposal, LLC 1548 Bond Street Suite 106 Naperville, IL 60563 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$989.00
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3.203	Nonpriority creditor's name and mailing address Michael Maher 1201 Yale Place, Apt 2306 Minneapolis, MN 55403 Date(s) debt was incurred <u>9/20/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.204	Nonpriority creditor's name and mailing address Michael & Ann Ciresi 222 2nd Street SE, #1601 Minneapolis, MN 55414 Date(s) debt was incurred <u>11/30/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200,000.00
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3.205	Nonpriority creditor's name and mailing address Michael Koncilja 5711 Eleni Ct Avon, NY 14414 Date(s) debt was incurred <u>3/13/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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3.206	Nonpriority creditor's name and mailing address Michael Maher 1201 Yale Place, Apt 2306 Minneapolis, MN 55403 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87,500.00
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3.207	Nonpriority creditor's name and mailing address Michael Osterholm 212 10th Avenue S., #1103 Minneapolis, MN 55415 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$125,000.00</u>
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3.208	Nonpriority creditor's name and mailing address Michael Salscheider 1378 Willow Lane SW Rochester, MN 55902 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$35,000.00</u>
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3.209	Nonpriority creditor's name and mailing address Mike Glarner 248 Esplanade Irvine, CA 92612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.210	Nonpriority creditor's name and mailing address MiniFAB (Aust) Pty Ltd 1 Dalmore Drive, Scoresby Melbourne, VIC, AUSTRALIA 3179 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$323,583.47</u>
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3.211	Nonpriority creditor's name and mailing address Natalie Caroline Neale (nee Richards) 4623 Drexel Avenue Edina, MN 55424 Date(s) debt was incurred <u>4/6/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,500.00</u>
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3.212	Nonpriority creditor's name and mailing address Neil Finkler 79 Via Lugano Winter Park, FL 32789 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.213	Nonpriority creditor's name and mailing address NFS Leasing Turned over to collections Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,482.11</u>
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3.214	Nonpriority creditor's name and mailing address Nick Radovich 5416 Oaklawn Avenue South Edina, MN 55424 Date(s) debt was incurred <u>2/12/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.215	Nonpriority creditor's name and mailing address Nieves, Evelyn Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$169.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.216	Nonpriority creditor's name and mailing address Noah Craige Neale (Richards) 4623 Drexel Avenue Edina, MN 55424 Date(s) debt was incurred <u>4/6/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.217	Nonpriority creditor's name and mailing address Nydia Llanes 820 Sorolla Avenue Coral Gables, FL 33134 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.218	Nonpriority creditor's name and mailing address Olav & Judith Kollovol 916 Dominion Reserve McClean, VA 22102 Date(s) debt was incurred <u>11/27/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholders</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	Nonpriority creditor's name and mailing address Olson Technology, Inc. 16717 Camborne Place Suite 201 Eden Prairie, MN 55346 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$205.49 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	Nonpriority creditor's name and mailing address Orange County Crating 2179 North Batavia Street Orange, CA 92865 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,351.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.221	Nonpriority creditor's name and mailing address Paige Jensen (c/o Mark Griener) 200 S. 6th Street, Ste 4000 Minneapolis, MN 55402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
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3.222	Nonpriority creditor's name and mailing address Paladin 69-71 Clarendon Rd Watford Hertfordshire WD17 1DS Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223	Nonpriority creditor's name and mailing address Pamela Greiner 4603 Edina Blvd Edina, MN 55424 Date(s) debt was incurred <u>11/5/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.224	Nonpriority creditor's name and mailing address Patrick C and Janet C Gray 5948 Parkwood Drive Shoreview, MN 55126 Date(s) debt was incurred <u>4/19/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.225	Nonpriority creditor's name and mailing address Patrick Coonan 1965 Palace Avenue St. Paul, MN 55105 Date(s) debt was incurred <u>9/12/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.226	Nonpriority creditor's name and mailing address Patrick Delaney 304 Cove Road Hudson, WI 54016 Date(s) debt was incurred <u>7/5/2012</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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3.227	Nonpriority creditor's name and mailing address Paul Kanning 617 Piney Hill Road Monkton, MD 21111 Date(s) debt was incurred <u>1/17/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.228	Nonpriority creditor's name and mailing address Paul Rosman 4868 S 79 Street Greenfield, WI 53220 Date(s) debt was incurred <u>5/26/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.229	Nonpriority creditor's name and mailing address Paul Savryn 9950 North Shore Road Waconia, MN 55387 Date(s) debt was incurred <u>4/16/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100,000.00
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3.230	Nonpriority creditor's name and mailing address Paul T Raih TC Orthopedics, 4010 W 65th St Edina, MN 55435 Date(s) debt was incurred <u>10/9/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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3.231	Nonpriority creditor's name and mailing address PCH Lime Lab 135 Mississippi St San Francisco, CA 94107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119,189.67
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3.232	Nonpriority creditor's name and mailing address Pearson, Mark - Expenses No address on file Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,455.57
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3.233	Nonpriority creditor's name and mailing address Pentagon Federal Credit Union Box 247009 Omaha, NE 68124-7009 Date(s) debt was incurred _____ Last 4 digits of account number <u>2046</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Corporate Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,147.00
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3.234	Nonpriority creditor's name and mailing address Peter A Raih TC Orthopedics, 4010 W 65th St Edina, MN 55435 Date(s) debt was incurred <u>10/9/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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3.235	Nonpriority creditor's name and mailing address Peter J Matlon 770 5th Steet NW, Unit 618 Wash, DC 20001 Date(s) debt was incurred <u>10/13/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.236	Nonpriority creditor's name and mailing address Peterson, Marnie P.O. Box 2389 Jackson, WY 83001 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.237	Nonpriority creditor's name and mailing address Philip & Joann Burstein 12 Ocean Drive Rehoboth Beach, DE 19971 Date(s) debt was incurred <u>4/13/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.238	Nonpriority creditor's name and mailing address PLS, Inc. dba Waddell Group 1191 Pike Drive New Brighton, MN 55112 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,434.14
3.239	Nonpriority creditor's name and mailing address Proshred Security 17951 Sky Park Circle Suite D Irvine, CA 92614 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$295.00
3.240	Nonpriority creditor's name and mailing address Qiagen P.O. Box 5132 Carol Stream, IL 60197-5132 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$508.88
3.241	Nonpriority creditor's name and mailing address Quickbooks Online C/o Intuit Inc. 2700 Coast Avenue Mountain View, CA 94043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00

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3.242	Nonpriority creditor's name and mailing address Quill Corporation P.O. Box 37600 Philadelphia, PA 19101-0600 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,064.10
3.243	Nonpriority creditor's name and mailing address R. Taagepera&W. Ricketts Trust 24 Mayapple Way Irvine, CA 92612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.244	Nonpriority creditor's name and mailing address R.S. Engelman (EFCO) 9895 E. Filaree Lane Scottsdale, AZ 85262 Date(s) debt was incurred <u>11/7/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.245	Nonpriority creditor's name and mailing address Rachel Linda Neale (Richards) 4623 Drexel Avenue Edina, MN 55424 Date(s) debt was incurred <u>4/6/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
3.246	Nonpriority creditor's name and mailing address Randall Bellows 25290 Montana Drive W Golden, CO 80401 Date(s) debt was incurred <u>10/22/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.247	Nonpriority creditor's name and mailing address Randy Nishikawa 17411 La Bonita Way Cerritos, CA 90703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.248	Nonpriority creditor's name and mailing address RCR Institute, Inc. 5353 Wayzata Boulevard Suite 505 Minneapolis, MN 55416-1334 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,347.50

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3.249	Nonpriority creditor's name and mailing address Rein Taagepera 19 Mayapple Way Irvine, CA 92612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.250	Nonpriority creditor's name and mailing address Richard Cihak RAC Trading, Inc. 2630 Nightingale Court Chaska, MN 55318 Date(s) debt was incurred <u>1/13/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.251	Nonpriority creditor's name and mailing address Richard Bernick 777 Washington Street, #402 Denver, CO 80203 Date(s) debt was incurred <u>3/31/2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
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3.252	Nonpriority creditor's name and mailing address Richard Lucy for R.E. Lucy Retirement Trust 2916 Tennyson Place Hermosa Beach, CA 90254 Date(s) debt was incurred <u>5/22/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.253	Nonpriority creditor's name and mailing address Richard Lucy 2916 Tennyson Place Hermosa Beach, CA 90254 Date(s) debt was incurred <u>5/22/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
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3.254	Nonpriority creditor's name and mailing address River Sonic Solutions LLC 2443 Fillmore St #380-4039 San Francisco, CA 94115 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,643.10
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3.255	Nonpriority creditor's name and mailing address Robert Caine D/B/A Daisy Investments, LLC 3108 Cameron Mills Road Alexandria, VA 22302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,000.00
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3.256	Nonpriority creditor's name and mailing address Robert Doerr 40 Bay Street Excelsior, MN 55331 Date(s) debt was incurred <u>4/27/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.257	Nonpriority creditor's name and mailing address Robert Bearman 2160 South Clayton Street Denver, CO 80210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,500.00
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3.258	Nonpriority creditor's name and mailing address Robert H Hamilton 4035 West 65th Street #120 Edina, MN 55435 Date(s) debt was incurred <u>4/18/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,500.00
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3.259	Nonpriority creditor's name and mailing address Robert Weinagan 211 Cameron Street Alexandria, VA 22314-3203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
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3.260	Nonpriority creditor's name and mailing address Ron Musich 7722 Madelyn Creek Drive Victoria, MN 55386 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130,000.00
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3.261	Nonpriority creditor's name and mailing address Ron Musich (RSM Family Trust) 7722 Madelyn Creek Drive Victoria, MN 55386 Date(s) debt was incurred <u>8/14/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
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3.262	Nonpriority creditor's name and mailing address Ron Testa 10763 Riverscape Run Vienna, VA 22182 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.263	Nonpriority creditor's name and mailing address Schick Records Management P.O. Box 3627 Tustin, CA 92781 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,457.86 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.264	Nonpriority creditor's name and mailing address Schlievert, Patrick 21 Eastview Place NE Iowa City, IA 52240 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.265	Nonpriority creditor's name and mailing address Scott & Lindsay Ackerman 68 East Pleasant Lake Road North Oaks, MN 55127 Date(s) debt was incurred <u>2/25/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.266	Nonpriority creditor's name and mailing address Scott Ackerman 5701 Zenith Avenue South Edina, MN 55410-2610 Date(s) debt was incurred <u>11/23/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.267	Nonpriority creditor's name and mailing address Sequium 1130 Northchase Pkwy., Ste 150 Marietta, GA 30067 Date(s) debt was incurred _____ Last 4 digits of account number <u>9042</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.268	Nonpriority creditor's name and mailing address Shannon Neale 4623 Drexel Avenue Edina, MN 55424 Date(s) debt was incurred <u>1/10/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.269	Nonpriority creditor's name and mailing address Shu-Yuan Liao Jan 629 Frontier Court Anaheim, CA 92807 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.270	Nonpriority creditor's name and mailing address Sigma-Aldrich PO Box 535182 Atlanta, GA 30353-5182 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,070.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.271	Nonpriority creditor's name and mailing address Southern California Edison PO Box 300 Rosemead, CA 91772-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,720.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.272	Nonpriority creditor's name and mailing address Spellberg, Brad 30140 Avenida Celestial Rancho Palos Verdes, CA 90275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.273	Nonpriority creditor's name and mailing address STA International Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.274	Nonpriority creditor's name and mailing address Start Recruiting 7020 Dakota Circle Chanhassen, MN 55317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,345.85 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.275	Nonpriority creditor's name and mailing address Stephanie Griffin 423 Riverview Lane Melbourne Beach, FL 32951 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,239.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.276	Nonpriority creditor's name and mailing address Stephen F Twohig 609 Eagle Watch Lane Osprey, FL 34229 Date(s) debt was incurred <u>10/18/2014</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$100,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.277	Nonpriority creditor's name and mailing address Stericycle, Inc. P.O. Box 6578 Carol Stream, IL 60197-6578 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,032.01
3.278	Nonpriority creditor's name and mailing address Steven Clark d/b/a Arbitrage Capital Corp. 4628 Snow Drive Harrisburg, NC 28075 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,000.00
3.279	Nonpriority creditor's name and mailing address Surender Punia 289 El Pinto Danville, CA 94526 Date(s) debt was incurred <u>6/25/2014</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.280	Nonpriority creditor's name and mailing address Susan Doerr 40 Bay Street Excelsior, MN 55331 Date(s) debt was incurred <u>4/27/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.281	Nonpriority creditor's name and mailing address Susan Schreifels 1644 Travelers Rest Court The Vilaage, FL 32162 Date(s) debt was incurred <u>3/27/2017</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,000.00
3.282	Nonpriority creditor's name and mailing address Tara Gard 19390 Evening Star Way Farmington, MN 55024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.283	Nonpriority creditor's name and mailing address Thomas McCarty 4907 Bruce Avenue Edina, MN 55424 Date(s) debt was incurred <u>5/14/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00

Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.284	Nonpriority creditor's name and mailing address Thomas Raih, M.D. TC Orthopedics, 4010 W 65th St Edina, MN 55435 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300,000.00
<hr/>			
3.285	Nonpriority creditor's name and mailing address Tim & Patti Marrinan 3332 West 56th Street Edina, MN 55410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137,500.00
<hr/>			
3.286	Nonpriority creditor's name and mailing address Tim Marrinan 3332 West 56th Street Edina, MN 55410 Date(s) debt was incurred <u>05.01.15</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
<hr/>			
3.287	Nonpriority creditor's name and mailing address Timothy D. (Jr) Marrinan 3332 West 56th Street Edina, MN 55410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,500.00
<hr/>			
3.288	Nonpriority creditor's name and mailing address Timothy Schacker, MD 393 Salem Church Road Sunfish Lake, MN 55118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
<hr/>			
3.289	Nonpriority creditor's name and mailing address Tony Fung Flat A, 20/F, Block 2 Le Sommet, North Pt, Hong Kong CHINA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.290	Nonpriority creditor's name and mailing address U of MN - Irvine Lab NW 5960 PO Box 1450 Minneapolis, MN 55485-5960 Date(s) debt was incurred ____ Last 4 digits of account number <u>0436</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,329.00

Debtor	TheoremDx Inc. Name _____	Case number (if known) _____
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3.291	Nonpriority creditor's name and mailing address USAA Credit Card 10750 McDermott Fwy San Antonio, TX 78288-0570 Date(s) debt was incurred _____ Last 4 digits of account number <u>5704</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,321.13
3.292	Nonpriority creditor's name and mailing address Vern & Patricia Svedberg 519 7th Ave SE Minneapolis, MN 55414 Date(s) debt was incurred <u>6/17/2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.293	Nonpriority creditor's name and mailing address VWR PO Box 640169 Pittsburgh, PA 15264-0169 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,909.87
3.294	Nonpriority creditor's name and mailing address Wiley H Vogt 1580 Zumbro Court Shakopee, MN 55379 Date(s) debt was incurred <u>1/27/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
3.295	Nonpriority creditor's name and mailing address William F Howell 254 Bryn Mawr Circle Houston, TX 77024 Date(s) debt was incurred <u>12/8/2015</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,000.00
3.296	Nonpriority creditor's name and mailing address William Ricketts III 150 Heritage Drive Delaware, AR 72835 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.297	Nonpriority creditor's name and mailing address William Ricketts, Jr. 24 Mayapple Way Irvine, CA 92612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>TheoremDx Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **TheoremDx Inc.** Case number (if known) _____

Name

<div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3.298</div> Nonpriority creditor's name and mailing address XCEL ENERGY P.O. Box 9477 Minneapolis, MN 55484-9477 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$863.53
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Alexander B. Cvercko, Esq. Cvercko & Associates, P.A. 13500 Sutton Park Dr. S. #304 Jacksonville, FL 32224	Line <u>3.199</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Cynthia Vaughn 1550 American Boulevard East Stop 5128 Minneapolis, MN 55425	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	<u>0108</u>
4.3	Mercantile 165 Lawrence Bell Drive #100 Buffalo, NY 14221-7900	Line <u>3.23</u> <input type="checkbox"/> Not listed. Explain _____	<u>6MSR</u>

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>357,715.45</u>
5b. +	\$ <u>15,126,816.45</u>
5c.	\$ <u>15,484,531.90</u>

Fill in this information to identify the case:

Debtor name TheoremDx Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name TheoremDx Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 John E. "Jay" Coonan

1431 Summit Avenue
Saint Paul, MN 55105

The Health Law Firm,
P.A.

☒ D 2.2
☐ E/F _____
☐ G _____

Fill in this information to identify the case:

Debtor name TheoremDx Inc.

United States Bankruptcy Court for the: DISTRICT OF MINNESOTA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2020 to **Filing Date**

Sources of revenue
Check all that apply

☒ Operating a business
☐ Other _____

Gross revenue
(before deductions and exclusions)

\$0.00

For prior year:
From 1/01/2019 to 12/31/2019

☒ Operating a business
☐ Other _____

\$0.00

For year before that:
From 1/01/2018 to 12/31/2018

☒ Operating a business
☐ Other _____

\$0.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **TheoremDx Inc.**

Case number (if known)

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See attached list of secured creditors	December 2019	Less than secured debt	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Voluntary surrender of all assets of debtor pursuant to Voluntary Surrender of Collateral Agreement in Full Satisfaction of Obligation and in Strict Foreclosure</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
See #3.			Less than secured debt

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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Debtor **TheoremDx Inc.**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	THE HEALTH LAW FIRM, P.A., Plaintiff v. JOHN EDWARD COONAN, M.D., a/k/a JAY E. COONAN, M.D., and THEOREMDX, INC., F/K/A OVAGENE ONCOLOGY, INC., Defendants 2018-CA-003142-15-L	Collection	Seminole County Florida 301 North Park Avenue Sanford, FL 32771	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Matthew D. Draves v. Ovagene Oncology, Inc. 2017-CV-008388-O	Collection	Ninth Judicial District - Orange County 425 North Orange Avenue Orlando, FL 32801	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
---	---	-------	-----------------------

Debtor **TheoremDx Inc.** Case number (if known)

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Larkin Hoffman Daly & Lindgren Ltd. 8300 Norman Center Dr. Suite 1000 Minneapolis, MN 55437-1060	Attorney Fees (retainer)	Dec. 2019	\$5,000.00
	Email or website address tflynn@larkinhoffman.com			
	Who made the payment, if not debtor? Board of Directors			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 5555 West 78th Street Suite E Minneapolis, MN 55439	2017-2018

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

Debtor **TheoremDx Inc.**

Case number (if known) _____

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

- ☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

- ☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

- ☐ None

Owner's name and address	Location of the property	Describe the property	Value
See attached list of secured creditors	1431 Summit Avenue Saint Paul, MN 55105	Miscellaneous laboratory equipment (value estimated)	\$2,000.00

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor **TheoremDx Inc.**

Case number (if known) _____

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Boulay Group 7500 Flying Cloud Drive #800 Eden Prairie, MN 55344	2018-2020

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26b.1. Boulay Group 7500 Flying Cloud Drive #800 Eden Prairie, MN 55344	2018-2020

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Debtor **TheoremDx Inc.**

Case number (if known) _____

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. **Boulay Group**
7500 Flying Cloud Drive #800
Eden Prairie, MN 55344

26c.2. **John E. "Jay" Coonan**
1431 Summit Avenue
Saint Paul, MN 55105

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
John E. "Jay" Coonan	1431 Summit Avenue Saint Paul, MN 55105	President, CFO, and Secretary	<10%
Name	Address	Position and nature of any interest	% of interest, if any
K. James Ehlen, M.D.	4221 Woodland Terrace Minneapolis, MN 55422	Chair and Assistant Secretary	<10%
Name	Address	Position and nature of any interest	% of interest, if any
Michael T. Osterholm	212 - 10th Avenue South #1103 Minneapolis, MN 55415	Director	<10%
Name	Address	Position and nature of any interest	% of interest, if any
Mark L. Pearson	10959 East Graythorn Drive Scottsdale, AZ 85262	Assistant Secretary	<10%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No☒ Yes. Identify below.**Name****Address****Position and nature of any interest****Period during which position or interest was held**
Until April 2019**Stephanie Griffin**
(deceased)**423 Riverview Lane**
Melbourne Beach, FL 32951

Debtor **TheoremDx Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	Period during which position or interest was held
Frank J. Kiesner	6908 Wooddale Avenue South Minneapolis, MN 55435	Secretary	2008-April 2019

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 13, 2020**

/s/ John E. Coonan
Signature of individual signing on behalf of the debtor

John E. Coonan
Printed name

Position or relationship to debtor **President & Director**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

FAVORED NATION
SUBSCRIPTION AGREEMENTS

UPDATED DRAFT ~~3/6/19~~ 6/20/19

FNS Agreements Convert/Begin 10/19/17

Name	Amount	Date	Common shares	Pledge & Security Agr
Aquinnah Investments, LP	\$100,000.00 \$ 25,000	11/9/17 4/2/19	1,600,000.00 400,000	X
Bacher, Angela K and Gary Bacher	\$25,000.00	12/10/18	400,000.00	X
Bacher, Angela K. and Gary Bacher	\$25,000.00	12/10/18	400,000.00	X
Becker, Joseph G. and Marcie C. Becker, Trustees of the Joseph G. Becker Revocable Trust dated October 26, 2012 and any amendments thereto	\$25,000.00	12/5/17	400,000.00	X
BSM Equities Inc.	\$140,000.00	11/12/18	2,240,000.00	X
Coonan Family Revocable Trust	\$5009.05	12/31/17	80,144.80	X
Coonan Family Revocable Trust	\$5031.40	1/31/18	80,502.40	X
Coonan Family Revocable Trust	\$1000.00	1/31/18	16,000.00	X
Coonan Family Revocable Trust	\$1500.00	3/13/18	24,000.00	X
DeNucci, Mark	\$10,000.00	9/28/18	160,000.00	X
Daley, John Peter	\$25,000.00	1/11/18	400,000.00	X
Ebner, Bernard	\$50,000.00	10/10/18	800,000.00	X

Ehlen, K. James	\$25,000.00	2/26/18	400,000.00	X
Ehlen, K. James	\$5,000.00	3/29/18	80,000.00	X
Ehlen, K. James	\$1,000.00	5/11/18	16,000.00	X
Ehlen, K. James	\$1,404.68	6/30/18	22,474.88	X
Ehlen, K. James	\$25,000.00	9/6/18	400,000.00	X
Ferguson, John F	\$25,000.00	4/18/18	400,000.00	X
Gregg, Mark W.	\$25,000.00	4/29/18	400,000.00	X
Gregg, Mark W.	\$50,000.00	11/16/18	800,000.00	X
Hidding, Anita E.	\$10,000.00	11/6/17	160,000.00	X
Hidding, Anita E.	\$15,000.00	10/1/18	240,000.00	X
James P Ferguson Revocable Trust under Agreement dated 12/19/1980 As Amended	\$25,000.00	4/18/18	400,000.00	X
James W. Curry Revocable Trust UTA 09/23/2004	\$50,000.00	12/13/17	800,000.00	X
Janet B. Curry Revocable Trust UTA 09/23/2004	\$50,000.00	12/13/17	800,000.00	X
Kanning, Paul A.	\$25,000.00	1/17/18	400,000.00	X
Kollevoll, Olav B. and Judith M. as joint tenants	\$50,000.00	11/27/17	800,000.00	X
Marianne Kanning Revocable Trust	\$25,000.00 \$10,000.00	9/16/18 4/5/19	400,000.00 160,000	X
Maher, Michael D.	\$12,500.00	2/18/18	200,000.00	X
McCarty, Daniel	\$25,000.00	4/19/18	400,000.00	X

	Amount	DATE	Common Shares	
McCarty, Daniel	\$35,000.00	10/5/18	560,000.00	X
McCarty, Daniel (unsigned)	\$40,000.00	12/29/17	640,000.00	X
Osterholm, Michael T.	\$25,000.00	4/19/18	400,000.00	X
Osterholm, Michael	\$1,000.00	5/16/18	16,000.00	X
Pearson, Mark and Katherine	\$1,000.00	5/14/18	16,000.00	X
Pearson, Mark and Katherine	\$4,000.00	9/16/18	64,000.00	X
Raih, Thomas J.	\$50,000.00	1/31/18	800,000.00	X
Salscheider, Michael	\$10,000.00	1/21/18	160,000.00	X
Salscheider, Michael	\$20,000.00	9/16/18	320,000.00	X
Tidlund, Donald	\$25,000.00	11/2/17	400,000.00	X
Tidlund, Donald	\$25,000.00	11/2/17	400,000.00	X
TOTAL	\$1,093,445.13		17,495,122.08	

Lake Vista Holdings \$15,000- 4/13/19 240,000
(Bryce Haemuelles)

Hong Mo YANG \$10,000 4/3/19 160,000

TOTAL	\$1,103,445.13	17,655,122.10
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LOCAL FORM 1007-1
REVISED 06/16

**United States Bankruptcy Court
District of Minnesota**

In re **TheoremDx Inc.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept	\$	5,000.00
Prior to the filing of this statement I have received	\$	5,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☐ Debtor ☒ Other (specify) **Board of Directors**

3. The source of the compensation to be paid to me is:

☐ Debtor ☒ Other (specify) **Board of Directors**

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

B. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

D. Representation of the debtor in contested bankruptcy matters; and

E. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other

LOCAL FORM 1007-1
REVISED 06/16

adversary proceeding.

In the case where the attorney's time on an hourly basis exceeds their regular hourly rates, any fees for contested and adversary matters shall be charged at the attorney's hourly rate with an additional retainer.

CERTIFICATION

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **February 13, 2020**

Signature of Attorney
/s/ Thomas J. Flynn

Thomas J. Flynn 30570

**United States Bankruptcy Court
District of Minnesota**

In re **TheoremDx Inc.**

Debtor(s)

Case No.

Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **TheoremDx Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

February 13, 2020

Date

/s/ Thomas J. Flynn

Thomas J. Flynn 30570

Signature of Attorney or Litigant

Counsel for **TheoremDx Inc.**

Larkin Hoffman Daly & Lindgren Ltd.

8300 Norman Center Dr.

Suite 1000

Minneapolis, MN 55437-1060

9528353800 Fax:9528353333

tflynn@larkinhoffman.com

**United States Bankruptcy Court
District of Minnesota**

In re **TheoremDx Inc.** Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

I, the President & Director of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **February 13, 2020**

/s/ John E. Coonan
John E. Coonan/President & Director
Signer/Title

AAA MOVERS
8201 BROOKLYN BOULEVARD #100
MINNEAPOLIS MN 55445

AADVANTAGE CREDIT CARD
P.O. BOX 84030
COLUMBUS GA 31908-4030

ABBEY, JAMES
6707 WATEMAN AVENUE
ST. LOUIS MO 63103

ACG CONSULTING
27758 SANTA MARGARITA PKWY
SUITE 312
MISSION VIEJO CA 92691

ADP, LLC
ADP TAX CENTER
400 WEST COVINA BOULEVARD
SAN DIMAS CA 91773

ALAN TALESNICK
5030 BOWMAR DRIVE
LITTLETON CO 80123

ALBERT BONEBRAKE
FOR FIRST TRUST CO OF ONAGA
3939 EAST FARM ROAD
SPRINGFIELD MO 65809

ALBERT BONEBRAKE IRA
3939 EAST FARM ROAD
SPRINGFIELD MO 65809

ALESSANDRA RE
FOR ALESSANDRA RE TRUST
4601 FAIRFIELD DRIVE
CORONA DEL MAR CA 92625

ALEXANDER B. CVERCKO, ESQ.
CVERCKO & ASSOCIATES, P.A.
13500 SUTTON PARKDR. S. #304
JACKSONVILLE FL 32224

ALEXANDER KOPPLIN
227 COLFAX AVENUE NORTH
SUITE 200
MINNEAPOLIS MN 55405

AMERICAN EXPRESS
PO BOX 0001
LOS ANGELES CA 90096-8000

AMERICOR FINANCIAL
18200 VON KARMAN AVENUE
SUITE 600
IRVINE CA 92612

ANDREW SULLIVAN
519 7TH AVE SE
MINNEAPOLIS MN 55414

ANGELA BACHER
14800 64TH PLACE N
MAPLE GROVE MN 55311-4117

ANITA HIDDING
7161 FRANCE AVE SO #312
EDINA MN 55435

ANNE GALL
14931 DUFFERIN COURT
SAVAGE MN 55378

ANNE O'ROURKE
6801 DOVRE DR.
EDINA MN 55436

ANNE SNYDER
4119 62ND STREET WEST
EDINA MN 55424

ANNIE C. MCCARTY
4907 BRUCE AVENUE
EDINA MN 55424

ANSEL SITTON
1931 E 20TH STREET SUITE 103
JOPLIN MN 65708

ASTRO STUDIOS
348 6TH STREET,
SAN FRANCISCO CA 94103

ATCC
5779 COLLECTION CENTER DRIVE
CHICAGO IL 60693

BANK OF AMERICA
P.O. BOX 851001
DALLAS TX 75285-1001

BANK OF AMERICA
P.O. BOX 15019
WILMINGTON DE 19850-5019

BARBARA NOVY
2905 43RD AVENUE SOUTH
MINNEAPOLIS MN 55406

BERNARD EBNER
BAECHERSTRASSE 59
8806 BAECH, SWITZERLAND

BEVERLY MOOSMANN
544 VISTA FRANDE
NEWPORT BEACH CA 92660

BIO-RAD LABORATORIES, INC.
P.O. BOX 849740
LOS ANGELES CA 90084-9740

BLUE CROSS BLUE SHIELD
P.O. BOX 860448
MINNEAPOLIS MN 55486

BOULAY PLLP
7500 FLYING CLOUD DRIVE
SUITE 800
EDEN PRAIRIE MN 55344

BRANDON CHABNER
329 SECOND PLACE
MANHATTAN BEACH CA 90266

BRIAN BOLDT
1635 CONCORDIA ST.
WAYZATA MN 55391

BRIAN MARK
D/B/A BSM EQUITIES, INC.
4780 LODGE LANE
EXCELSIOR MN 55331

BRUCE & ELIZABETH ACKERMAN
68 EAST PLEASANT LAKE ROAD
NORTH OAKS MN 55127

BRUCE BATTEN
400 SELBY AVENUE
APT. 208
SAINT PAUL MN 55102

BRYCE HUEMOELLER
D/B/A LAKE VISTA HOLDINGS
2880 CENTER ROAD SW
PRIOR LAKE MN 55372

BSI GROUP AMERICA
5505 NORTH CUMBERLAND AVE
SUITE 307
CHICAGO IL 60656

CARL ROBERT DAHL
3215 IRIS COURT
WHEAT RIDGE CO 80033

CAROLINE NEALE
2201 STEVENS STREET, APT 202
ALBERT LEA MN 56007

CBCS
P.O. BOX 2589
COLUMBUS OH 43216

CENTERPOINT ENERGY
PO BOX 4671
HOUSTON TX 77210-4671

CHAD TIDLUND
OBO DONALD M. TIDLUND TRUST
6700 CAMPESINA DRIVE
BUENA PARK CA 90620

CHASE BANK USA NA
P.O. BOX 15298
WILMINGTON DE 19850

CHRISTOPHER NACHTSHEIM
1789 SUMMIT AVENUE
SAINT PAUL MN 55105

CHRISTOPHER RAIH
4010 WEST 65TH STREET
EDINA MN 55435

CITI/COSTCO
P.O. BOX 790046
SAINT LOUIS MO 63179-0046

CITIBANK
P.O.BOX 9001037
LOUISVILLE KY 40290-1037

COMCAST BUSINESS
PO BOX 35170
SEATTLE WA 98124-5170

COMERICA BANK
CARDMEMBER SERVICE
P.O. BOX 790408
SAINT LOUIS MO 63179-0408

CONOR T MARRINAN
3332 WEST 56TH STREET
EDINA MN 55410

CONRAD LUDWIG
FOR AQUINNAH INVESTMENT LP
590 ADMIRALTY PARADE WEST
NAPLES FL 34102

COX BUSINESS
PO BOX 53280
PHOENIX AZ 85072-3280

COX COMMUNICATIONS
PO BOX 53280
PHOENIX AZ 85072-3280

CRF SOLUTIONS
2051 ROYAL AVENUE
SIMI VALLEY CA 93065

CYNTHIA VAUGHN
1550 AMERICAN BOULEVARD EAST
STOP 5128
MINNEAPOLIS MN 55425

DANIEL & ALLISON KOZLOFF
252 RAVENSCLIFF ROAD
ST. DAVIDS PA 19087

DANIEL P. MCCARTY
4907 BRUCE AVENUE
EDINA MN 55424

DANIELLE K PFEFFER
5974 SOUTH PARK DRIVE
SAVAGE MN 55378

DAREEN YOUNGMAN & BLAKE BERTEA
WHITECROSS LP
1100 NEWPORT CENTER DRIVE #110
NEWPORT BEACH CA 92660

DARRELL REYNOLDS
3713 37TH AVENUE
MOLINE IL 61265

DARREN PFEFFER
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SAVAGE MN 55378

DARREN & MANDI PFEFFER
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EAU CLAIRE WI 54701

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EDINA MN 55435

DAVID M. VLASATY
OBO MAINSTAR TRUST
342 VALLEY COMMONS
HUDSON WI 54016

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342 VALLEY COMMONS
HUDSON WI 54016

DEAN EDSTROM
2050 CANADIAN PACIFIC PLAZA
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DEREK C PFEFFER
4295 COTTONWOOD LANE N
PLYMOUTH MN 55441

DICK & TRACY HAUSMAN
2500 MICHELSON DRIVE, STE. 200
IRVINE CA 92612

DICK HAUSMAN (M. HAUSMAN INC.)
2500 MICHELSON DRIVE, STE. 200
IRVINE CA 92612

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IRVINE CA 92602

KASHLAN, BASEL - EXPENSES
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C/O NM MAX
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OBO CARLA GREINER TRUST
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MATTHEW MCCARTY
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MAUREEN LANNAN
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EDINA MN 55424

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NAPERVILLE IL 60563

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165 LAWRENCE BELL DRIVE #100
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MICHAEL SALSCHIEDER
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MIKE GLARNER
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MINIFAB (AUST) PTY LTD
1 DALMORE DRIVE, SCORESBY
MELBOURNE, VIC, AUSTRALIA 3179

MINNESOTA DEPT OF REVENUE
600 NORTH ROBERT STREET
SAINT PAUL MN 55101

MN DEPT EMPLOYMENT & ECON DEVT
332 MINNESOTA STREET
SAINT PAUL MN 55101-1351

NATALIE CAROLINE NEALE
(NEE RICHARDS)
4623 DREXEL AVENUE
EDINA MN 55424

NEIL FINKLER
79 VIA LUGANO
WINTER PARK FL 32789

NFS LEASING
TURNED OVER TO COLLECTIONS

NICK RADOVICH
5416 OAKLAWN AVENUE SOUTH
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NIEVES, EVELYN

NOAH CRAIGE NEALE (RICHARDS)
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NYDIA LLANES
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MCCLEAN VA 22102

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IRVINE CA 92612

XCEL ENERGY
P.O. BOX 9477
MINNEAPOLIS MN 55484-9477

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

In re:

Case No. _____

TheoremDx Inc.,

Chapter 7

Debtor.

**STATEMENT REGARDING
AUTHORITY TO SIGN AND FILE
PETITION**

I, John E. Connan, declare under penalty of perjury that I am the President & Director of TheoremDx Inc., a Minnesota corporation (the "Company"), and that the following resolution has been duly adopted by all of the board of directors of this Company:

WHEREAS, it is in the best interest of the Company to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of the United States Code (the "Bankruptcy");

NOW, THEREFORE, IT IS HEREBY

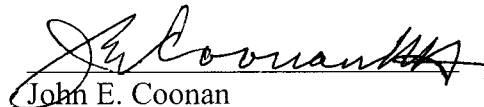
RESOLVED that any officer or director of the Company is authorized and directed to execute and deliver all documents necessary to perfect the filing of the Bankruptcy on behalf of the Company; and

FURTHER RESOLVED that any officer or director of the Company is authorized and directed to employ Thomas J. Flynn, Esq., and the law firm of Larkin Hoffman Daly & Lindgren, Ltd. to represent the Company in the Bankruptcy.

THEOREMDX INC.

Dated: 02/13/2020

By:


John E. Connan

Its: President & Director